

**ATASCADERO STATE HOSPITAL**

**CLINICAL PSYCHOLOGY  
INTERNSHIP PROGRAM**

**2004-2005**

**ACCREDITED BY THE AMERICAN  
PSYCHOLOGICAL ASSOCIATION**

**ATASCADERO, CALIFORNIA**

# **ATASCADERO STATE HOSPITAL CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM**

## **I. GENERAL SUMMARY OF TRAINING IN PSYCHOLOGY**

Atascadero State Hospital offers predoctoral internships in Clinical Psychology. The predoctoral internship has been accredited by the American Psychological Association<sup>1</sup> since 1970 and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). It is a one-year full-time program offering a stipend of approximately \$27,000 plus benefits. The program is committed to providing the intern with the opportunity to develop increasing autonomy and clinical responsibility commensurate with the intern's education, training, and professional competence as s/he prepares to function as a professional psychologist in a variety of settings. The Psychology Staff is characterized by a range of theoretical and therapeutic orientations including cognitive-behavioral, psychodynamic, humanistic-existential, and neurobehavioral viewpoints.

The Psychology Internship Program follows a practitioner-scholar model of training. The internship values training interns to become practitioners with a strong empirical basis for what they practice. Applicable research provides that empirical basis. The training involves understanding, interpreting and applying empirically based assessment and treatment methods. This is accomplished through seminars, tutorials, workshops, clinical supervision and a variety of clinical experiences. A major emphasis of the program is training in state-of-the-art forensic psychology issues and methods. This includes issues of personal and community safety, expert testimony, risk assessment and risk management, forensic evaluation, interfacing with the criminal justice system, the utilization of psychology within the legal system, basic legal commitments, and treatment of offenders. The treatment emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique with special attention to individual and cultural differences. Interns are taught and encouraged to think critically and apply appropriate assessment and treatment methods. Furthermore, the program aims to train interns to function as complete professionals who can function effectively in a variety of job settings. This training includes working with ethical issues, working within an interdisciplinary team, working as an administrator, working within bureaucracies, and advocating for issues related to the field of psychology on a state and national level.

Experiences within the Psychology Internship Program at Atascadero State Hospital are designed to meet these more general goals and to lead to a combination of professional competencies by the end of the internship year. These competencies are addressed in greater detail in this brochure.

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<sup>1</sup> American Psychological Association; 750 First Street, NE; Washington DC 20002-4242; (202) 336-5979

## **II. AGENCY OVERVIEW**

Atascadero State Hospital is a forensic, psychiatric facility which specializes in the treatment of adult male mentally disordered offenders. It is fully accredited by the Joint Commission on Accreditation of Health Care Organizations. The hospital is operated by the California State Department of Mental Health and receives patients committed by the Superior Courts and the Department of Corrections. The hospital provides a unique opportunity to train in a mental health setting which works directly with the judicial system.

The hospital is located on the scenic Central Coast section of California about 15 miles east of the Pacific Ocean and midway between San Francisco and Los Angeles. While it is a maximum security setting housing mentally disordered offenders, the hospital is designed like a mental hospital rather than a prison and has neither gun towers nor armed security personnel. The facilities include 34 units, a gymnasium, arts and crafts workshop, staff-patient canteen, school area, computer center, psychological testing center, video production center, and training center. The new treatment area consists of staff offices, observation room, patient library, professional library, and the Multicultural Information Resource Center. Seven buildings provide office space and conference rooms.

The hospital currently employs approximately 40 staff psychologists, some of whom occupy research, training and administrative positions. Other treatment staff include approximately 40 physicians and psychiatrists, 55 social workers, 46 rehabilitation therapists, and 750 nursing personnel, which includes Registered Nurses, Psychiatric Technicians, and Psychiatric Technician Assistants.

### **A. Patient Population**

The hospital operates with a bed capacity of approximately 1250. The current patient population consists of approximately 29% Mentally Disordered Offenders, 9% Mentally Ill Inmates transferred from prison, 43% Sexually Violent Predators, 6% Not Guilty by Reason of Insanity, 12% Incompetent to Stand Trial. The remaining 1% of the patient population are committed under various other commitments.

The Not Guilty by Reason of Insanity have usually been found guilty of a felony and subsequently not guilty by reason of insanity at the time the crime was committed. Those patients committed as Incompetent to Stand Trial have been accused of committing a crime but are currently unable to stand trial because they cannot understand the charges against them and/or cannot cooperate with counsel. Psychoses are commonly found among these patients and the offenses may range from assault and murder to burglary and forgery. Mentally Ill Inmates transferred from prison typically have a psychotic diagnosis and are returned to Corrections at the completion of their treatment. The Mentally Disordered Offender (MDO) is a patient who has been incarcerated for a violent offense, who has a severe mental disorder and who is considered dangerous because of his mental disorder. This patient is sent to Atascadero State Hospital to receive psychiatric treatment as a special condition of his parole.

The Sexually Violent Predator (SVP) commitment was established by statute for persons found upon release from prison to be violent sex offenders with a diagnosable mental disorder. This became effective January 1, 1996, with Atascadero designated as the main treatment facility for the SVP. Individuals in this category are typically character disordered

with a history of more than one violent sex offense. It is projected that the population of SVP's will steadily increase over the next few years. A plan to transfer SVP's to a newly built hospital in Coalinga, CA is in place with a projected transfer date of 2005.

The ethnic classification of the patient population is 26% African-American, 18% Hispanic, 50% White, and 6% other.

## **B. Treatment Programs**

Atascadero State Hospital currently provides seven (7) residential programs and a Central Program Services (CPS) program. Patients are assigned to residential programs according to their commitment and dispositional needs as follows:

<u>Program</u>	<u>Population Served</u>
Program I	Admissions Incompetent to Stand Trial
Program II	Mentally Disordered offenders Not Guilty by Reason of Insanity
Program III	Sexually Violent Predators
Program IV	Sexually Violent Predators/Mentally Disordered Offenders
Program V	Mentally Ill Inmates
Program VI	Mentally Disordered Offenders Not Guilty by Reason of Insanity
Program VII	Sexually Violent Predators
CORE Program	Day treatment for education and rehabilitation services

Each Program is designed to meet the Biopsychosocial Rehabilitation (BPSR) needs of patients. BPSR is defined at Atascadero State Hospital as a system-wide collaborative approach to the treatment of the mentally disordered patient which, in conjunction with medical and psychiatric interventions, emphasizes development of the cognitive, social and functional skills required for the patient to overcome barriers to discharge and to maximize his chances for successful adaptation within the planned discharge setting.

BPSR is growth-oriented and normalizing and has received empirical support in the literature. It necessitates the patient's participation in the treatment planning process and emphasizes his strengths over his limitations. BPSR helps the patient to develop practical work skills, functional coping skills, and a social support network that will permit him to function at his highest level of independence upon discharge. By considering the patient's disposition needs throughout treatment planning, BPSR attempts to develop a more natural and effective progression from hospital to community treatment.

The following treatment goals are common for all patients:

- ◆ Actively teach and support adaptive behavior and coping skills relevant to the requirements of the post-hospital setting.

- ◆ Promote individual self-esteem, self-actualization, independence, and self-care to maximize the patient's chances for successful adaptation to his expected discharge setting.
- ◆ Eliminate or reduce maladaptive behaviors, which serve as barriers to discharge or impediments to successful post-discharge adaptation.

The primary approach to the treatment of sexual offenders is the Relapse Prevention Model. This five-phase approach is largely cognitive-behavioral and considered to be state-of-the-art treatment for sexual offenders.

In addition to the treatment programs organized around commitment categories, a number of specialized programs and services exist to address the range of patient needs. Some of those, which may be of particular interest to interns, include:

- Adult Basic Education Programs
- Forensic Assessment and Consultation Services
- Multicultural Services
- Neuropsychological Assessment and Consultation
- Psychology Assessment Center
- Relapse Prevention for Sexual Offenders
- Special Services for Deaf Patients
- Specialized Hispanic Bilingual Units
- Social and Independent Living Skills
- Substance Abuse Treatment and Recovery Education
- Trial Competency Assessment
- Vocational Development Services

Multidisciplinary treatment teams staff units. In all phases of the treatment programs, psychologists assist in coordinating the professional efforts of psychiatric technicians, registered nurses, rehabilitation therapists, pharmacists, dietitians, social workers, and psychiatrists. The clinical psychology intern rotating through two of these programs is expected to function as a team member, and will benefit by exposure to the range of clinical staff who participate as team members.

### **III. PREDOCTORAL INTERNSHIP PROGRAM**

#### **A. Program Training Model**

The training model is best described as a practitioner-scholar model. The primary emphasis is on clinical training. Interns are encouraged to use empirically validated treatment methods. Although the primary emphasis is on clinical training, the program is supported by didactics in seminars, tutorials, and supervision. Additionally, Atascadero State Hospital is a provider of continuing education for psychologists and thus hosts several conferences and workshops each year. Interns are eligible to attend these events free of charge and are encouraged to do so.

#### **Values and Principles**

Training practitioners with an empirical basis. The Psychology Internship Program values training interns to become practitioners with a strong empirical basis for what they

practice. Applicable research provides that empirical basis. Some examples of utilizing research for practice are found in relapse prevention, biopsychosocial rehabilitation, skills training, behavioral assessment and treatment, risk assessment and management, and use of the Hare Psychopathy Checklist - Revised. The training involves understanding, interpreting, and applying empirically based assessment and treatment methods. This is accomplished through seminars, tutorials, workshops, clinical supervision and a variety of clinical experiences.

State-of-the-art forensic training. A major emphasis of the program involves training in state-of-the-art forensic psychology issues and methods. This training addresses issues of personal and community safety, expert testimony, risk assessment and risk management, forensic evaluation, interaction with the criminal justice system, the role of psychology within the legal system, basic law and legal commitments, and treatment of offenders.

Individual and cultural differences. The training emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique. Throughout all of their training activities, interns are reminded and encouraged to pay special attention to individual and cultural differences.

Broad-based training. While the training has an emphasis on forensic psychology, seminars and tutorials along with the adjunctive training at a community agency enrich and broaden the experience. Thus, interns receive experience and training working with non-forensic patients and have opportunities to discuss psychological issues of both a forensic and non-forensic nature.

Critical thinking skills. Interns are taught critical thinking methods to assess clinical situations and apply appropriate assessment and treatment methods. This skill is essential in transferring skills or competencies to various treatment environments.

Well-rounded professionals. The program trains interns to function as complete professionals who can function effectively in a variety of job settings. To this end, the program provides training and/or experience in ethics, individual and cultural diversity, the professional as an administrator, and professional advocacy. The intern will learn about issues arising in large systems. S(he) learns how to work within a large bureaucracy, to work with an interdisciplinary team, and to interface with other large systems such as the judicial and correctional systems.

Collegiality and respect. The program values professional collegiality and respect among staff and interns. The primary role of the intern is that of trainee rather than service provider.

## **Mission Statement**

The mission of the Internship Program is intended to function in accordance with the regulations and standards of the State of California, the Department of Mental Health, Atascadero State Hospital, and the American Psychological Association. The mission of Atascadero State Hospital is:

"To design and provide treatment for mentally ill and disordered forensic patients; to provide professional evaluations and recommendations to the courts and other

agencies; and to maintain security and control of patients in a safe, therapeutic and supportive environment."

The mission of the Psychology Internship Program at Atascadero State Hospital is to provide...

- ◆ State-of-the-art clinical training in assessment and treatment.
- ◆ Specialized training in forensics addressing the unique issues of forensic patients and providing interns with specialized skills or competencies in forensic psychology.
- ◆ High quality supervision to assist interns in their development as competent and effective professional psychologists.
- ◆ Assistance to interns in their professional development to become well-rounded professionals who will be able to function competently and effectively in a variety of work settings.

### **Goals and Objectives**

- ◆ To provide training and experiences in working with a variety of disorders and diagnoses.
- ◆ To provide rich clinical training and experience in psychological assessment.
- ◆ To provide specialized training and experience in forensic psychology.
- ◆ To promote competency in treating and assessing patients/clients with cultural and individual differences.
- ◆ To provide training and experience in professional issues related to the practice of psychologists within a large institution.
- ◆ To promote professional collegiality and respect.
- ◆ To select qualified and diverse interns.
- ◆ To maintain a pool of highly competent supervisors.
- ◆ To maintain accreditation from APA and membership in AAPIC.

### **Expected Core Competencies**

It is expected that by the end of the internship training year, interns will develop proficiency in many, if not most, of the following areas:

- ◆ Individual treatment and assessment of forensic patients
- ◆ Group therapy with forensic patients
- ◆ Individual therapy with forensic patients
- ◆ Individual treatment of college students
- ◆ Treatment and assessment of culturally and individually diverse patients
- ◆ Treatment and assessment of sex offenders
- ◆ Behavioral analysis and treatment planning
- ◆ Knowledge of biopsychosocial treatment methods
- ◆ Knowledge of forensic issues
- ◆ Psychological evaluation
- ◆ Forensic evaluation
- ◆ Neuropsychological screening
- ◆ Trial competency assessment
- ◆ Hare Psychopathy Checklist - Revised

- ◆ Report writing
- ◆ Knowledge of professional issues
- ◆ Working within a multidisciplinary team

Additionally, interns are required to complete two tutorials (structured learning experiences) in areas of their choosing. Interns, along with their supervisors, may organize training experiences in areas not listed above and thus leading to additional competencies.

## Program Resources

- ◆ Staff: The hospital employs approximately 40 doctoral level psychologists from which preceptors, supervisors, seminar and tutorial leaders, and mentors are drawn. Please refer to the list of staff psychologists in the back of this brochure for a list of available supervisors and their areas of interest. The position of Psychology Internship Director is a permanent civil service position.
- ◆ Funding: Three intern positions are funded at the rate of three-fourths of a Clinical Psychology Intern salary. The hospital's training budget provides APA and APPIC membership fees.
- ◆ Equipment: Office space, a computer, dictation service, professional library, and other necessary resources are provided for interns.

## Processes

The mission of the program is accomplished in the following ways.

- ◆ Clinical training: Training experiences are provided via two 5-½ month rotations on treatment programs, seminars, tutorials, a Cultural Diversity Mini-rotation and placement at a community agency.
- ◆ Forensic Specialization: The two 5-½ month rotations, tutorials, and the Cultural Diversity Mini-rotation all take place within Atascadero State Hospital which is a forensic facility. Each of the seminars covers issues related to forensic patients. The forensic seminar focuses entirely on forensic evaluations and issues related uniquely to forensic environments.
- ◆ Supervision. Licensed psychologists who are qualified according to state licensing requirements provide supervision. Licensed professionals from other disciplines such as psychiatry and social work occasionally provide additional supervision. A minimum of four hours per week of face-to-face supervision is provided. At least two hours of supervision (frequently more) are provided on an individual basis. The remaining supervision hours are provided on a group basis. Typically, interns receive more than the required four hours of supervision per week.
- ◆ Professional development. Beyond the traditional training and experience in treatment and assessment, interns are provided training and experience on a variety of topics in seminars, workshops and supervision to assist their development as well-rounded professionals. The presence of a large staff of psychologists provides ample exposure to a variety of professionals in the field allowing the intern to develop his or her unique professional identity.



## **Policy**

The training mission of the internship program is accomplished with adherence to the following policies:

- APA and Guidelines and Principles for accreditation
- APPIC membership requirements
- APPIC guidelines for intern selection
- ASH Internship Policy
- ASH Hospital Operating Manual

## **Quality Control**

Quality control is maintained in several ways. It is monitored by regular and systematic evaluation of intern performance and programmatic evaluation. Staff are encouraged to provide ongoing evaluation and feedback to interns and to identify and address problems and concerns as early as possible during the internship year. The major quality control components of the program include the following:

### **Evaluation of intern performance**

- ◆ Quarterly written evaluations by supervisors/didactic leaders
- ◆ Panel reviews of intern psychological evaluations (three times per training year)
- ◆ Presentations in seminars
- ◆ Mock trial in forensic seminar
- ◆ Evaluations of intern performance at six and twelve months with written feedback to the intern and the intern's graduate program.
- ◆ Monthly supervisors meetings for all staff working with interns
- ◆ Ongoing evaluation in individual and group supervision sessions

### **Programmatic evaluation**

- ◆ Survey of intern alumni
- ◆ Written evaluations by interns at six and twelve months
- ◆ Annual written evaluations by psychologists working with the internship program
- ◆ Annual review meeting open to all psychologists and interns
- ◆ Monthly Internship Committee meetings
- ◆ APA annual reports and periodic site visits

## **B. Intern Activities**

Interns can expect to spend approximately 35% of their time conducting group and individual psychotherapy, 20% in psychological assessment, 15% in seminars, 10% in professional activities (i.e. consulting with staff, attending professional and treatment team meetings), 10% in pursuit of special interests (i.e. scholarly reading, research), and 10% in supervision. The training program is structured, yet allows the intern flexibility to participate in activities designed to meet individual needs and training goals.

The first three weeks of training are set aside for orientation to the hospital, meeting with each of the psychologists, selecting a primary supervisor, and establishing goals for the year. The intern then begins the first of two rotations to treatment programs and the one-day per-week placement at a community agency.

### **Program Rotations**

The intern will complete two 5-½ month rotations on selected treatment programs. The intern will spend at least half of each week on the program to which s/he is assigned, and will participate in most of the activities taking place. The psychology intern plays a significant role in diagnosis, treatment, and disposition recommendations as s/he works with the treatment team. In group therapy, the intern usually works with a co-therapist and has exposure to various therapeutic modalities. Although the intern rotates through treatment programs, it is expected that s/he carry one or two long-term therapy cases over the course of the year as well as other short-term cases. The intern serves as a member of the treatment team and participates in review and disposition staffing regarding patients. S/he spends a portion of the time consulting with unit staff and assists in several facets of patient treatment and evaluation.

A Specialty Track Rotation for work with culturally diverse patients is available. For example, units have been designated as monolingual units for Spanish-speaking patients. There is also a specialized unit for deaf or hearing-impaired patients. Please refer to the section regarding Training in Cultural and Individual Differences below.

### **Psychological Evaluations**

The intern will complete a minimum of 12 psychological evaluations during the year. Interdisciplinary teams generate requests for evaluations, and psychologists are charged with evaluating the patient for diagnostic clarification, treatment recommendations, assessment of change, or disposition recommendations. During the year, the intern completes a minimum of twelve psychological evaluations. Six evaluations must be integrated psychological assessments involving psychological testing. One evaluation involves conducting a behavioral analysis and assessment resulting in a written behavioral treatment plan. The intern then completes one forensic report in each of the following areas: Competency to Stand Trial, Mentally Disordered Offender, and Sexually Violent Predator. The remaining two evaluations may be of the intern's choosing. Each evaluation completed by the intern is closely supervised by various psychologists; thus, exposing the intern to a variety of individual orientations and styles. It is expected that by the completion of the internship, the intern will be facile with a number of psychodiagnostic instruments and will be able to communicate findings and recommendations to other professionals as well as the patient.

The patient population at Atascadero State Hospital provides a unique training experience in psychological evaluation. The intern conducts evaluations of the psychological, social, and behavioral factors involved in criminal offending and may assess change in those factors over the course of therapy. Since the courts commonly request evaluation reports, psychologists are subpoenaed to testify in court, and the intern may observe this experience.

### **Seminars**

Interns are expected to participate in seminars. The seminars are didactic-experiential and provide some supervised clinical experience. The seminars include:

Assessment: The goals of the assessment seminar are as follows: 1) to review the basic psychological instruments utilized in an assessment battery for adults [it is assumed that the intern has a basic proficiency with these tests]; 2) to expose interns to additional instruments and issues that will broaden their assessment skills and knowledge, (e.g., neuropsychological tests, issues of cultural and individual diversity); 3) to focus on assessment issues relevant to a forensic setting; and, 4) to discuss ethical issues in psychological assessment.

Forensic: The goals of this seminar are four-fold: 1) to examine a variety of ethical issues for which there are no easy solutions; 2) to familiarize interns with a number of legal issues pertinent to the practice of psychology; 3) to prepare interns for the experience of testifying as an expert witness in court; and 4) To develop skills for completing various types of forensic evaluations.

Professional Issues: this seminar is designed to cover a range of topics to help prepare the intern for working in a variety of job settings and help prepare the intern for licensing exams and professional advocacy. Selected topics include becoming an administrator, supervision skills, surviving the bureaucracy, ethical issues, professional advocacy, and licensing exam preparation.

Psychotherapy: This seminar provides a forum for the discussion of major issues in psychotherapy and for the intern's self-examination of his/her functioning as a therapist. Each intern has the opportunity to examine both theoretical as well as applied models of psychotherapy.

## **Tutorials**

In addition to the seminars, the intern is required to participate in a minimum of two tutorials. A tutorial involves independent study on the part of the intern with a professional staff member on a selected topic. The intern, supervisor and tutorial provider design the components of each tutorial. This allows the intern to explore a wider range or depth of topics in which s/he is interested and may not encounter in his or her other training experiences. Some of the possible topics include (but are not limited to) the following:

- Assessment of dangerousness
- Behavioral analysis and intervention
- Behavioral research and treatment with sexual offenders
- Biofeedback
- Critical Incident Debriefing
- Existentialism
- Expert testimony
- Hospital administration
- Neuropsychological evaluation
- Phallometric assessment
- Program evaluation
- Projective techniques
- Research

## **Research**

A research tutorial is available to interns. Interns may participate in ongoing research or generate ideas for new research. Some of the topics currently being pursued in a research paradigm include data from the Psychopathy Checklist-Revised (PCL-R), the MMPI-2 and MCMI-III, patient assaults, malingering and psychological testing, treatment outcome, assessment of patient adjustment after release, and suicide. Each intern is allowed up to 10% of his/her time to pursue special interests or independent study. This time may be spent reading research/professional articles or participating directly in research. The intern may utilize this time for dissertation research. Beyond this time, the intern must conduct dissertation research on his/her own time.

Interns desiring to conduct research at this hospital will be required to submit proposals for review by the Hospital Research and Human Subjects Committee and by the State Committee for the Protection of Human Subjects. Since this process tends to be prohibitively lengthy, interns typically choose to join staff psychologists on existing research projects.

## **Community Placements**

Interns participate in a community placement one day per week at the California Polytechnic State University Psychological Services Center. This is designed to provide the intern with an experience different from the hospital inpatient population. Interns complete intake evaluations and provide individual therapy to college students. Interns are supervised by a qualified supervisor who works at the Psychological Services Center. Training is provided on topics pertinent to working at a university counseling center by center staff on one afternoon per month.

## **Training in Cultural and Individual Differences**

Training in understanding cultural and individual differences is considered an integral part of the internship program. The patient population consists of patients who differ in age, ethnicity, culture, sexual orientation, diagnosis, religious preference, etc. Psychologists and interns are encouraged to consider individual differences in all aspects of their work with patients. All interns participate in the Cultural Diversity Mini-rotation. Additionally, interns may elect to participate in a Cultural Diversity Specialty Track Rotation.

In the Cultural Diversity Mini-rotation, the intern attends the Multi-cultural seminar and provides weekly individual and/or group therapy with diverse patients. This experience continues for the entire year and includes supervision by a psychologist with expertise in diversity issues. The Specialty Track Rotation involves a combination of work on a unit with culturally diverse patients as well as participation in the Cultural Diversity Mini-Rotation. In addition to these specialized training opportunities, the topic is addressed in seminars, workshops and colloquia throughout the training program. General supervision sessions provide regular discussions regarding the importance of understanding cultural and individual differences in assessment and treatment. Interns also attend the Cross Cultural Awareness training as a part of their hospital orientation.

The Multicultural Information Resource Center makes available books, journals, and audio and videotapes for use by staff and patients alike.

## **Supervision**

Interns benefit from having a number of supervisors. At the outset of training, the intern selects a preceptor from among the list of psychologists. The preceptor serves as the intern's primary supervisor for the year and is responsible for overseeing the intern's entire training program. The intern plays an active role in selecting his/her two 5½-month program rotations. The psychologist on the intern's program rotation supervises the intern's clinical activities on the program. The preceptor, rotation supervisor, and community placement supervisor each meet with the intern for a minimum of one hour of supervision each week. Additional supervision is provided as part of their participation in the seminars, the cultural diversity mini-rotation, and tutorials.

The internship recognizes the benefit of personal psychotherapy for all psychology trainees. We support the decision to seek therapy as a personal one and the program rarely requires the disclosure of personal information. Still, some interns do find it helpful to volunteer personal information in supervision when discussing countertransference issues. Disclosure of personal information is only required when it is needed to evaluate or obtain assistance for an intern whose personal problems are preventing the intern from performing professional activities competently, or whose problems are posing a threat to the intern or others.

### **C. Facility Resources**

Interns have one office in the Medical Staff area, and typically share office space on the rotations with their supervisor or other professional staff. They have access to a computer for report writing and other work. They also have use of the hospital-wide dictation and voicemail systems. The Logan Professional Library is a valuable resource for interns for clinical research and dissertation work.

### **D. Psychology Department**

The intern is a member of the Psychology Department which is part of the Medical Staff. The Chief of Psychology and the elected Chair lead the Department. Peer review, credentialing, and privileging are all operational to assure that high quality psychology services are provided to patients. The intern attends Psychology Department meetings and may serve on Psychology Department Committees. The intern may also attend open Internship Committee meetings. Psychologists serve on Medical Staff and other hospital committees which are vital to patient care. Such committees include Quality Assurance, Patient Care Monitoring, Clinical Services Team, and Research and Human Subjects.

### **E. Training and Professional Development**

Atascadero State Hospital serves as a clinical training facility for nursing, social work, and rehabilitation therapy students. The School of Psychiatric Technology prepares Psychiatric Technicians in a one-year training program. The hospital provides Continuing Education for Psychologists. Several full and half day workshops are sponsored each year by the Psychology Department. Regular colloquia and case conferences provide lectures on a range of forensic and mental health topics. A closed-circuit television broadcast system is available for the purpose of providing training and professional education programs to staff

and patients. Interns are encouraged to take part in training and learning opportunities offered in the community and the state and attendance at regional and national psychology conferences held in California is encouraged. Field trips to other forensic facilities are available as well.

Please refer to the back of this brochure for a sample listing of workshops and colloquia offered over the past couple of years.

## **IV. Application and Selection**

### **A. Admission Criteria**

Predoctoral internships are offered for third and fourth year students enrolled in accredited doctoral programs in clinical psychology or equivalent, and who have completed basic work (typically three years of graduate work in psychology) and clinical practica (minimum 1000 hours) in psychotherapy and assessment. Enrollment in an APA accredited program is preferred but not required.

Students from counseling psychology programs may apply for this internship but are required to submit a statement of equivalency from the Registrar or Director of the Psychology Program at their university. The statement must indicate that the academic program in counseling is equivalent to that of the clinical program.

The internship is designed for the student seeking forensic training within a program that provides a broad-based clinical training experience. Interest and/or experience in forensic psychology is necessary.

### **B. Applications and Intern Selection**

All application information is included in this brochure which can be found on the hospital's web site ([www.dmh.cahwnet.gov/statehospitals/atascadero](http://www.dmh.cahwnet.gov/statehospitals/atascadero)). Questions may be directed to the Internship Director by mail, phone or e-mail. Applications must include; 1) APPIC application for Psychology Internship (AAPI - part 1); 2) all graduate transcripts; 3) two letters of recommendation; 4) a curriculum vitae; and 5) Verification of Internship Eligibility and Readiness (AAPI - Part 2) from the Director of Clinical Training at the applicant's graduate program. Completed applications and all supporting documents must be received by the Internship Director by November 15 prior to the year the internship is to begin. Atascadero State Hospital is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The training program observes the guidelines regarding timing of internship offers and acceptance adopted by AAPIC. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to Match day. The APPIC application for Psychology Internship and the APPIC Match Program Policies and Procedures can be found on the internet at [www.appic.org](http://www.appic.org).

In recent years, approximately 65-85 applications have been received for the three positions. Twenty of those are invited to interview on-site. Interviews are required for those who pass the first round of screening for the application process. Those applicants will be notified in December by both mail and e-mail and may select one of three interview dates scheduled in January. Those unable to attend a personal interview may arrange for a telephone interview. No preference will be given to those who are able to interview in person. Applicants not being interviewed will be notified by mail in December.

Atascadero State Hospital is an equal opportunity employer. With a culturally diverse patient population, the hospital is seeking psychologists and interns with the education, training and background to work with that population.

### **C. Appointments**

At the present time, three funded predoctoral intern positions exist with the stipend of approximately \$27,000 for the year. Appointments are made to the Civil Service classification of Clinical Psychology Intern. The internship typically begins in September the day after Labor Day. Benefits include holidays, sick leave, vacation, Employee Assistance Program benefits and health insurance. Interns must successfully complete/pass the required security clearance, health screening, and drug screening prior to being employed.

## **IV. Geographical Information**

Atascadero State Hospital is situated in the Central California Coast in a semi-mountainous and forested area just a few miles east of the coastal range. A wide variety of scenic, sporting, and entertainment activities are within easy reach. San Francisco and Los Angeles are each about four hours driving time from Atascadero. San Luis Obispo, 16 miles south, is a community of 40,000 and is the major shopping area of the county and the location of many musical and cultural events throughout the year at California Polytechnic State University and its Performing Art Center. Ten miles south of San Luis Obispo are Avila Beach and Pismo Beach, which afford opportunity for year-round surfing and the best swimming beaches on the Central Coast. Twenty miles west of Atascadero are Morro Bay and the famous Hearst Castle at San Simeon. Continuing northward is the beautiful Highway 1 coastal route to Carmel-Monterey, which has some of the most scenic vistas in California, including Big Sur and the state wildlife preserve at Point Lobos.

The weather offers three different climates in this region. Coastal areas such as Morro Bay have moderate temperatures with daytime temperatures ranging from 55-70 degrees over the year. San Luis Obispo's daytime temperature range is 50-80 degrees, while Atascadero daytime temperatures are more variable with a range of 50-100 degrees over the year.

## **V. Housing**

The hospital maintains a limited number of one-room efficiency apartments on the hospital grounds. These are for the convenience of new employees until they can find a permanent residence. The apartments are completely furnished including bedding and linens with the exception of kitchen utensils. The availability of these apartments is limited and the intern should contact the Internship Director for reservations several months before the internship is to begin.



## CONTACT INFORMATION

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Fax: (805) 468-2918  
E-mail: [sthacker@dmhash.state.ca.us](mailto:sthacker@dmhash.state.ca.us)

Street address for UPS, Federal Express, etc.:

Atascadero State Hospital  
Medical Staff Office  
10333 El Camino Real  
Atascadero, CA 93422

Atascadero State Hospital's web site (includes Internship Brochure and a letter from the Internship Director):

[www.dmh.cahwnet.gov/statehospitals/atascadero](http://www.dmh.cahwnet.gov/statehospitals/atascadero)

To request an Applicant Agreement Package for the APPIC matching program contact:

[www.namatch.com/psychint](http://www.namatch.com/psychint)

To request an APPIC Application for Psychology Internship (AAPI) contact:

[www.appic.org](http://www.appic.org)

APPIC Internship Matching Program code number for Atascadero State Hospital:

1131

## 2002-2003 PSYCHOLOGY INTERNS

David Jaffe  
California School of Professional Psychology-Fresno

Craig King  
Argosy University-Washington DC Campus

Tara Travia  
Kent State University

## **2001-2002 PSYCHOLOGY INTERNS**

Deirdre D'Orazio  
California School of Professional Psychology – Fresno

Alana Hochberg  
Nova Southeastern University

Scott Kidd  
Wright State University

## **2000-2001 PSYCHOLOGY INTERNS**

Richard Kendall  
California School of Professional Psychology-Berkeley/Alameda

Tamara Penix  
University of Nevada, Reno

Jennifer Schnitzer  
Pacific Graduate School of Psychology

## **1999-2000 PSYCHOLOGY INTERNS**

Juliana Cyrulnik  
Miami Institute of Psychology of the Caribbean Center for Advanced Studies

Laura McCrary  
Nova Southeastern University

Tory Nersasian  
University of Denver School of Professional Psychology

## **PSYCHOLOGY STAFF AND AREAS OF INTEREST**

\* Those psychologists qualified by California State law to provide supervision are identified with an asterisk "\*" preceding their names.

\* Jan Marie Alarcon, Ph.D.

Rosemead School of Psychology, Biola University, 1991  
Forensic psychology; treatment of sex offenders

\* Steve Arkowitz, Psy.D.

Wright State University, 1999  
Treatment of domestic violence perpetrators; dialectical behavior therapy; severely mentally ill populations; treatment of sex offenders

Steve Barron, Ph.D.

Pacific Graduate School, 2000  
Treatment of Mentally Disordered Offenders; severely and persistently mentally ill; suicide; cultural issues

\* Mark Becker, Ph.D.

Washington State University, 1978  
Group psychotherapy; psychopharmacology; neuropsychology and neurobehavioral treatment; treatment of multiply diagnosed/impaired

\* Leslie Bolin, Ph.D.

University of Nevada, 1995  
Neuropsychology; geropsychology

\* Charles Broderick, Ph.D.

Fairleigh Dickinson University, 1998  
Neuropsychology, cognitive rehabilitation

\* Douglas L. Burton, Ph.D.

Fuller Graduate School of Psychology, 1991  
Information-processing models of cognitive behavior; social learning theory; general systems theory; psychotherapy; post-traumatic stress disorder

Johnson Chang, Psy.D.

California School of Professional Psychology – Fresno, 2001  
Research and behavioral management of individuals with psychopathy and antisocial personality disorder

\* Shauna Darcangelo, Ph.D.

Simon Fraser University, 1996  
Assessment and Treatment of Sex Offenders and Psychopathy

Deirdre D'Orazio, Ph.D.

California School of Professional Psychology-Fresno, 2002  
Jungian psychology; Sexually Violent Predator (SVP) assessment and treatment issues; empathy; psychopathy

\* Charlotte N. Gaca, Ph.D., Director, Forensic Services

North Texas State University (University of North Texas), 1976  
Forensic and conditional release issues

\*Beth Gier, Ph.D.

Purdue University, 1999

Cognitive-behavioral intervention with schizophrenia; client-centered therapeutic intervention; research on anger, gender difference, and self-image; community treatment of mental illness

\* Michaela Heinze, Ph.D.

Ohio University, 1994

Forensic and neuropsychological assessment; admissions; trial competency

\* Matthew Hennessy, Psy.D.

University of Denver, Graduate School of Professional Psychology, 1999

Sex offender assessment and treatment; relapse prevention; cognitive-behavioral Therapy

\* Daryl Herzog-Perez, Ph.D.

California School of Professional Psychology-San Diego, 1976

Treatment of sex offenders, human sexuality, relapse prevention, cognitive-behavioral therapy

\*Gary Hitchcock, Ph.D.

California School of Professional Psychology-Fresno, 1994

Assessment and treatment of personality disorders; group psychotherapy

Alana (Hochberg) Hollings,

Nova Southeastern University, 2002

Sex offender treatment; psychological assessment

\* Frank H. Hoshino, Ph.D.

California School of Psychology, Fresno, 1985

Phenomenology; relapse prevention; neurocognitive assessment and remediation

\* Warren E. Icke, Ph.D.

Brigham Young University, 1990

Forensic assessment & risk prediction; hermeneutics; analytical psychology; Jungian based psychotherapy

\* Diane Imrem, Psy.D.

Illinois School of Professional Psychology, 1984

Experiential psychotherapy; cognitive-behavioral therapy; relapse prevention; crisis intervention; adolescent issues; women's issues, treatment of sex offenders

Richard Kendall, Psy.D.

California School of Professional Psychology-Alameda, 2002

Forensic evaluation; court testimony; working with sexual offenders and mentally disordered offenders

- Scott Kidd, Psy.D.  
Wright State University, 2002  
Violence prevention; assessment of malingering; long-term incarceration (“Lifer”) issues
- \* William R. Knowlton, Ph.D.  
Washington State University, 1972  
Evolutionary psychology; treatment of personality disorders; forensic psychology
- \*Christine Mathiesen, Psy.D.  
University of Hartford, 2000  
Neuropsychology; PTSD; cognitive rehabilitation
- \*Amelia Jo Mitchell, Psy.D.  
Illinois School of Professional Psychology, 1999  
Health psychology; pain management; death and dying
- \* Richard E. Morey, Ph.D.  
Colorado State University, 1990  
Psychological assessment and treatment; staff development; religious issues in psychotherapy
- \* Carolyn Murphy, Ph.D.  
California School of Professional Psychology, Alameda, 1998  
Evaluation and treatment of mentally disordered offenders; projective assessment; psychopathy
- \* Jill Nelson, Ph.D.  
University of New Mexico, 1994  
Forensic assessment; psychopathy; sex offender assessment and treatment; sexually violent predator evaluation.
- \*Jesus Padilla, Ph.D.  
University of Oregon, 1994  
Forensic psychology; cross-cultural psychology; psychology of the mind; psychoanalytic theory
- \* Michael Pritchard, Ph.D.  
University of Connecticut, 1978  
Chronic pain syndrome; post-traumatic stress disorder; stress management; relapse prevention
- \* Allan C. Roske, Ph.D.  
California School of Professional Psychology, Fresno, 1985  
Violence prediction; competency assessment; psychopathy checklist-revised; Rorschach research
- \*Emily Rosten, Ph.D.

- New York State University-Albany, 1990  
Rehabilitation psychology; working with deaf individuals; depression; relationship issues; career counseling; mentally disordered offenders
- \* Bill Safarjan, Ph.D.  
Rutgers University, 1980  
Learning and motivation; forensic issues
  - \* Mark R. Sherrer, Psy.D.  
Baylor University, 1997  
Interpersonal psychotherapy; forensic psychology; personality assessment; hypnotherapy
  - \* Karen Sheppard, Ph.D.  
California School of Professional Psychology, Fresno, 1987  
Neuropsychological assessment; cognitive remediation; PCL-R
  - \* Victor Silva-Palacios  
Wright Institute, Los Angeles, 1985  
Psychoanalytic psychotherapy; cross-cultural issues; trial competency; psychotherapy with mentally disordered offenders; religious issues; marital psychotherapy
  - \* Sona Suprikian, Ph.D.  
Pacific Graduate School of Psychology, 2000  
Cognitive-behavioral therapy; treatment of severely mentally ill populations; research on schizophrenia, substance abuse, and male abuse survivors
  - \* Jeffrey Teuber, Ph.D.  
University of California, Santa Barbara, 1987  
Rehabilitation of the chronically mentally ill; functional analysis of behavior; mental retardation; humanism
  - \* Stacy Thacker, Ph.D., Psychology Internship Director  
Colorado State University, 1997  
Forensic psychology; relapse prevention; interpersonal psychotherapy; group psychotherapy; cognitive-behavioral intervention; detection of malingering
  - \* Elizabeth S. Thompson, Ph.D.  
California School of Professional Psychology, Los Angeles, 1997  
Treatment of sex offenders; rehabilitation of the chronically mentally ill; substance abuse treatment; relapse prevention; adoption issues
  - \* James Vess, Ph.D., Assistant Program Director  
Ohio State University, 1985  
Assessment; outcome evaluation; organization and development
  - \* Muriel Yanez, Psy.D.  
University of Denver, 1998  
Stalking; criminal profiling; law enforcement; multicultural psychology

**QUALIFIED CLINICAL FIELD SUPERVISORS**

CALIFORNIA POLYTECHNIC STATE UNIVERSITY  
PSYCHOLOGICAL SERVICES

\*Elie Axelroth, Psy.D.  
University of Denver, 1983

\*Teresa George, Ph.D.  
Arizona State University, 1992

\*Barbara Gilbert, Ph.D.  
Southern Illinois University-Carbondale, 1988

**ATASCADERO STATE HOSPITAL**  
**SELECTED WORKSHOPS AND COLLOQUIA**  
**2001-2003**

“EFFECTIVE CLINICAL SUPERVISION”

Michele McCormick, Ph.D.

“LEGAL AND ETHICAL ISSUES: CRITICAL FACTORS IN CLINICAL PRACTICE”

Pamela Harmell, Ph.D.

“POST TRAUMATIC STRESS DISORDER”

Gregory Leskin, Ph.D.

“BEHAVIORAL PLANS FOR THE CHRONICALLY ASSAULTIVE PATIENT”

Carolyn Murphy, Ph.D.

“TWO APPROACHES TO OVERCOMING NEUROCOGNITIVE DEFICITS IN SCHIZOPHRENIA

Michael Green, Ph.D.

“THE PREDICTION OF VIOLENCE AND SEXUAL CRIMINAL RECIDIVISM: NEW FINDINGS”

Andrew Harris, Ph.D.

“CULTURAL COMPETENCY IN SERVICE DELIVERY”

Fernando Cordero, Ph.D.

“SUICIDE RISK FACTORS IN A PRISON SETTING”

Setty Sutton, Ph.D., Helen Steenman, Ph.D. & Heriberto Sanchez, Ph.D.

“MULTI-CULTURAL ISSUES IN ASSESSMENT AND TREATMENT”

Jesus Padilla, Ph.D.

“UPDATE ON MDO LAW”

Ronald Mihordin, MD, MSP, JD

“CHANGES IN THE DSM-IV-TR”

Carolyn Murphy, Ph.D.

“POLYGRAPHIC EVALUATION OF SEX OFFENDERS”

Kim English, MA

“ASSESSING AND TREATING THE DEVELOPMENTALLY DISABLED PATIENT”

Carolyn Murphy, Ph.D. & Karen Sheppard, Ph.D., PNP

“FBI PROFILING AND WORKPLACE VIOLENCE”

Gregg McCrary, FBI Agent (retired)

“ASSESSING PSYCHOPATHY: CLINICAL AND FORENSIC APPLICATIONS OF THE PCL-R”

Robert Hare, Ph.D. & Adelle Forth, Ph.D.